0/532 919 27 APR 2005 EY ATTORNEY'S DOCKET NUMBER

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

PHDE020239 US

| As a below named inventor, I h  | ereby declare that:              |   |                                       |  |  |  |  |
|---|----------------------------------|---|---------------------------------------|--|--|--|--|
| My residence, post office addre   | ess and citizenship are as state | ed next to my name.                       | *                                     |  |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method for operating a speech recognition system the specification of which (check only one item below):   |                                  |   |                                       |  |  |  |  |
| ☑ is attached hereto.   |                                  |   |                                       |  |  |  |  |
| was filed as United States a  | pplication                       |   |                                       |  |  |  |  |
| Serial No   |                                  |   | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| on -  |                                  |   |                                       |  |  |  |  |
| and was amended   |                                  |   |                                       |  |  |  |  |
| on  | ·.                               |   |                                       |  |  |  |  |
| ☐ was filed as PCT internation  | al application                   |   |                                       |  |  |  |  |
| Number PCT/IB2003   | 3/004727                         | ·   |                                       |  |  |  |  |
| on <u>24.10.2003</u>  |                                  |   |                                       |  |  |  |  |
| and was amended under PCT   | Article 19                       |   |                                       |  |  |  |  |
| on  |                                  |   | (if applicable).                      |  |  |  |  |
| I hereby state that I have review claims, as amended by any am  |                                  | nts of the above-identified specification | n, including the                      |  |  |  |  |
| I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).  |                                  |   |                                       |  |  |  |  |
| I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: |                                  |   |                                       |  |  |  |  |
|   |                                  |   |                                       |  |  |  |  |
| PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:   |                                  |   |                                       |  |  |  |  |
| COUNTRY   | APPLICATION NUMBER               | DATE OF FILING                            | PRIORITY                              |  |  |  |  |
|   |                                  | DAY, MONTH, YEAR                          | CLAIMED UNDER<br>35 USC 119           |  |  |  |  |
| Germany   | 102 51 113.6                     | 02 November 2002                          | YES                                   |  |  |  |  |
| <del></del>   |                                  |   |                                       |  |  |  |  |
|   |                                  |   |                                       |  |  |  |  |
|   |                                  |   |                                       |  |  |  |  |

Combined Declaration For Patent Application and Power of Attorney (Continued)
(includes Reference to PCT International Applications)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

|   |     | FULL NAME   | FAMILY NAME         | FIRST GIVEN NAME         | SECOND GIVEN NAME        |
|---|-----|-------------|---------------------|--------------------------|--------------------------|
| \ |     | OF          | KOOIMAN             | Albert                   | René Robbert             |
| , |     | INVENTOR    |                     |                          |                          |
|   | 201 | RESIDENCE   | CITY                | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP   |
|   |     | &           | Beverwijk           | The Netherlands          | The Netherlands          |
|   |     | CITIZENSHIP | <del></del>         | NLX                      |                          |
|   |     | POST OFFICE | POST OFFICE ADDRESS | CITY                     | STATE & ZIP CODE/COUNTRY |
|   |     | ADDRESS     | Kastanjelaan 18     | 1943 DP Beverwijk        | The Netherlands          |
|   |     |             |                     |                          |                          |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

RECEIVED

1 8 NOV 2005

Legal Staff International Division

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office (July 1994)



PTO/SB/96 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
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| <u>STATEMEN</u>  | T UNDER 37 CFR 3.73(b)  |
|--|---|
| Applicant/Patent Owner: Koninklijke Philips Electronics N.V  |   |
| Application No./Patent No.: Concurrently F   | iled/Issue Date: Concurrently   |
| Entitled: METHOD FOR OPERATING A SPEECH RECO   | GNITION SYSTEM  |
| Koninklijke Philips Electronics N.V. , a (Name of Assignee)  | corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)             |
| states that it is:  1.   the assignee of the entire right, title, and interest;  | or  |
| 2.   an assignee of less than the entire right, title and The extent (by percentage) of its ownership intered in the patent application/patent identified above by virtue. | est is ———— %   |
| A. [ ] An assignment from the inventor(s) of the patent in the United States Patent and Trademark Office attached.   | application/patent identified above. The assignment was recorded at Reel, Frame, or for which a copy thereof is |
| OR   |   |
| B. [ ] A chain of title from the inventor(s), of the patent a below:   | application/patent identified above, to the current assignee as shown   |
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|  | To: States Patent and Trademark Office at, or for which a copy thereof is attached.                             |
| [ ] Additional documents in the chain of title a   | re listed on a supplemental sheet.  |
| must be submitted to Assignment Division in accordance recorded in the records of the USPTO. See MPEP  | ent document or a true copy of the original document) dance with 37 CFR Part 3, if the assignment is to be      |
| The undersigned (whose title is supplied below) is authors.  |   |
| Date   | John Vottspild, Reg. 26/299  / Jypeer or grinted name   |
| (914) 333-9627   |   |
| Telephone number   | Signature   |
|  | Corporate Counsel Title   |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).  |   |  |                                       |                    |                         |                        |  |
|--|---|--|---------------------------------------|--------------------|-------------------------|------------------------|--|
| I hereb  | y appoint:  |  |                                       |                    |                         |                        |  |
| X Pr   | actitioners asso  | ciated with the Customer Number:       | 6                                     | 737                |                         |                        |  |
| OR   |   |  |                                       |                    |                         |                        |  |
| Pr   | actitioner(s) nar   | med below (if more than ten patent     | practitioners are to b                | e named, then a cu | stomer number must be   | used):                 |  |
| Γ  |   | Name                                   | Registration<br>Number                |                    |                         | Registration<br>Number |  |
|  |   |  |                                       |                    |                         | Number                 |  |
|  |   |  |                                       |                    |                         |                        |  |
| _  |   |  |                                       |                    |                         |                        |  |
|  |   |  |                                       |                    |                         |                        |  |
|  |   |  |                                       |                    |                         |                        |  |
| any and a  | as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). |  |                                       |                    |                         |                        |  |
|  |   | spondence address for the applicat     | ion identified in the a               | ttached statement  | under 37 CFR 3.73(b) to | D:                     |  |
|  |   |  |                                       | 3                  |                         |                        |  |
| The address associated with Customer Number: (2473)  |   |  |                                       |                    |                         |                        |  |
|  | OR Firm or  |  |                                       |                    |                         |                        |  |
| Address  | dividual Name   |  | · · · · · · · · · · · · · · · · · · · |                    |                         |                        |  |
|  |   |  |                                       |                    |                         |                        |  |
| City   |   | State                                  |                                       | Zip                |                         |                        |  |
| Country  |   |  |                                       | -                  |                         |                        |  |
| Telepho  | ne  |  |                                       | Fax                |                         |                        |  |
| Assignee   | Name and Add  | rose:                                  |                                       | - <del> </del>     |                         |                        |  |
| , toolgrico  | manic and mad   |  |                                       |                    |                         |                        |  |
| KONINKLIJKE PHILIPS ELECTRONICS N.V.   |   |  |                                       |                    |                         |                        |  |
| Groenewoudseweg l 5621 BA Eindhoven, The Netherlands   |   |  |                                       |                    |                         |                        |  |
| А сору   | of this form, i   | ogether with a statement und           | er 37 CFR 3.73(b                      | ) (Form PTO/SB     | /96 or equivalent) is   | required to be         |  |
| filed in e   | each applicat   | ion in which this form is used         | <ol> <li>The statement</li> </ol>     | under 37 CFR 3.    | .73(b) may be comp      | leted by one of        |  |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. |   |  |                                       |                    |                         |                        |  |
| SIGNATURE of Assignee of Record  The dividual whose signification and title is supplied below is authorized to act on behalf of the assignee   |   |  |                                       |                    |                         |                        |  |
| Signature  | ///   | Made. M.                               | un                                    |                    | Date 14 Janu            | ary 2005               |  |
| Name   | Michae  |  |                                       |                    | Telephone (914)         | 333-9637               |  |
| Title  |   | rized Representat                      | ive                                   |                    |                         |                        |  |
| This collect   | tion of information   | in conviced by 27 OCD 4.24, 4.22 and 4 | 20 71 1                               |                    |                         |                        |  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.